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PTO/SB/21 (01-08)
Approved for use through 01/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	Application Number	10/590,601							
TP ETRANSMITTAL	Filing Date	August 24, 2006							
#RORM	First Named Inventor	Sabine Balthasar							
JAN 1 8 2008 B	Art Unit								
(to be used for all prespondence after initial fili	Examiner Name								
Pages in This Submission	Attorney Docket Number	RO4304US (#90568)							
ENCLOSURES (Check all that apply)									
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  X Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund  CD, Number of CD(s)  Landscape Table on CD  Remarks	Other Enclosure(s) (please Identify below):  prior art; International Preliminary Report on Patentability with annexed amended pages; translation of IPRP; international search report; return postcard receipt							
Reply to Missing Parts under 37 CFR 1.52 or 1.53									
SIGNAT	JRE OF APPLICANT, ATTO	RNEY, OR AGENT							
D. Peter Hochberg Co., L.P.A.									
Signature									
Printed name  D. Peter Hochberg	•	•							
Date Mue en 15	2008 F	Reg. No. 24,603							
CERTIFICATE OF TRANSMISSION/MAILING									
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PTO/SB/17 (10-07)

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FEE TRANSMITTAL
For FY 2008

Application Number | 10/590,601 | Filing Date | August 24, 2006 | First Named Inventor | Sabine Balthasar | JAN 1 8 2008 | Examiner Name | Art Unit | Attorney Docket No. | RO4304US (#90568)

TOTAL AMOUNT OF PAY	MENT (\$	0.00	,	Attorney Docke	t No. RC	)4304US (#9	0568) HADEM		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
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FEE CALCULATION						** · · · · · · · · · · · · · · · · · ·			
1. BASIC FILING, SEA	FILING	FEES Small Entity	SEARCH FEES EXAMI Small Entity			IINATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105.	310	155	160	. 80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0	-		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple							Small Entity Fee (\$) 25 105 185 ependent Claims		
- 20 or HP =  HP = highest number of tota  Indep. Claims  - 3 or HP =  HP = highest number of inde  3. APPLICATION SIZE  If the specification and	Extra Clair ependent claim FEE	ns <u>Fee (\$)</u> x s paid for, if greater to	<u>Fee</u> = han 3.	Paid (\$)	electronical	ly filed seque	rce or computer		
<del>-</del>	FR 1.52(e)	, the application 35 U.S.C. 41(a)	size fe (1)(G)	e due is \$260 (\$	6130 for sm 6(s). or fraction the	nall entity) for nereof <u>Fee</u>	each additional 50 (\$) Fee Paid (\$)		
4. OTHER FEE(S) Non-English Specifi		30 fee (no smal	l entity			200.00	Fees Paid (\$)		

SUBMITTED BY		•			
Signature	Distribution	Registration No. (Attorney/Agent)	24,603	Telephone	216-771-3800
Name (Print/Type)	D. Peter Hochberg		-	Date	mung 10)2008

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